

| STATEMENT OF ORGANIZATION | | OFFICE USE ONLY | | | | | | | | | |
|---|--|---|----------------|---|---|--------------|-------------|--|--------------------------------------|-----------|--|
| 1. Name and Address of Committee LA ASSISTED LIVING ASSOCIATION PAC P.O. Box 10258 New Iberia, LA 70562 Check If: New Committee <input type="checkbox"/> | 2. Date of this Statement <div style="text-align: right;">3/3/2014</div> | Report Number: 40124 Date Filed: 3/3/2014 | | | | | | | | | |
| | 3. Estimated Membership <div style="text-align: right;">0</div> | | | | | | | | | | |
| | 4. Amended Statement? <div style="text-align: right;"> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No </div> | | | | | | | | | | |
| 5. All Committee Officers and Directors (including Chairperson, Treasurer, if any, and any other committee officers and directors) | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; width: 33%;"><u>a. Name</u></th> <th style="text-align: left; width: 33%;"><u>b. Position</u></th> <th style="text-align: left; width: 34%;"><u>c. Address</u></th> </tr> </thead> <tbody> <tr> <td>MILTON OURSO</td> <td>Chairperson</td> <td>2906 Tradition Avenue Baton Rouge, LA 70810</td> </tr> <tr> <td>EXECUTIVE DIRECTOR SHARLA ALOISIO</td> <td>Treasurer</td> <td>2500 CoCo Palm Drive New Iberia, LA 70563</td> </tr> </tbody> </table> | | | <u>a. Name</u> | <u>b. Position</u> | <u>c. Address</u> | MILTON OURSO | Chairperson | 2906 Tradition Avenue Baton Rouge, LA 70810 | EXECUTIVE DIRECTOR SHARLA ALOISIO | Treasurer | 2500 CoCo Palm Drive New Iberia, LA 70563 |
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| MILTON OURSO | Chairperson | 2906 Tradition Avenue Baton Rouge, LA 70810 | | | | | | | | | |
| EXECUTIVE DIRECTOR SHARLA ALOISIO | Treasurer | 2500 CoCo Palm Drive New Iberia, LA 70563 | | | | | | | | | |
| 6. Affiliated Organizations <small>(Any organization other than a political committee which directly or indirectly established, administers, or financially supports this committee.)</small> | | | | | | | | | | | |
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| <u>a. Name</u> | <u>b. Address</u> | <u>c. Relationship to Committee</u> | | | | | | | | | |
| 7. All Depositories for Committee Funds (committee funds must be deposited in one or more banks or savings and loan institutions or money market mutual funds.) | | | | | | | | | | | |
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| <u>a. Name</u> | <u>b. Address</u> | | | | | | | | | | |
| 8. IF THIS COMMITTEE SUPPORTS A SINGLE CANDIDATE: | | | | | | | | | | | |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%;">a. Check one:</td> <td style="width: 30%;"><input type="checkbox"/> Principal Campaign Committee</td> <td style="width: 30%;"><input checked="" type="checkbox"/> <u>Subsidiary Committee</u></td> </tr> </table> | | | a. Check one: | <input type="checkbox"/> Principal Campaign Committee | <input checked="" type="checkbox"/> <u>Subsidiary Committee</u> | | | | | | |
| a. Check one: | <input type="checkbox"/> Principal Campaign Committee | <input checked="" type="checkbox"/> <u>Subsidiary Committee</u> | | | | | | | | | |
| b. Name of Candidate | c. Office Sought by the Candidate | | | | | | | | | | |
| 9. a. Name of Person Preparing Report b. Daytime Telephone | | | | | | | | | | | |
| 10. WE HEREBY CERTIFY that the information contained in this STATEMENT OF ORGANIZATION is true and correct to the best of our knowledge, information and belief. This <u>3rd</u> day of <u>March</u> , <u>2014</u> . | | | | | | | | | | | |
| <u>Milton Ourso</u> Signature of Committee/Chairperson | | <u>(225)658-8888</u> Daytime Telephone | | | | | | | | | |
| <u>Sharla Aloisio</u> Signature of Committee Treasurer, if any | | <u>(337)577-2024</u> Daytime Telephone | | | | | | | | | |